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CONSTITUTION,

BY-LAWS AND RULES OF ORDER,

OF THE

NORTHERN MEDICAL ASSOCIATION

OF

PHILADELPHIA.

367

ORGANIZED JANUARY 7, 1847.

PHILADELPHIA:

COLLINS, PRINTER, 705 JAYNE STREET.

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EXTRACT FROM THE MINUTES OF THE PRELIMINARY  
MEETING.

“A MEETING of Physicians, residing in the northern portions of the city and county of Philadelphia, was held in pursuance of an invitation, at the Northern Dispensary, on the evening of the 5th of December, 1846, for the purpose of considering the expediency of organizing a Medical Association.

“The meeting was organized by calling Dr. Arnold Naudain to the Chair, and appointing Dr. Isaac Remington, Secretary.

“After some preliminary observations by Dr. Wilson Jewell, on the advantages and mutual benefits to be derived from thus meeting together at stated periods, for the reading of Medical Essays, and the discussion of subjects connected with our profession, the following preamble and resolution, offered by Dr. Jewell, were read and adopted :—

“WHEREAS, concert of action is at all times necessary for the successful prosecution of any object; and whereas, the improvement of the science of Medicine, the promotion of our usefulness as Medical Practitioners, the preservation and advancement of our interests and honor, as members of the same fraternity, are objects deserving of our highest regard, and cannot be better secured, than by cultivating opportunities for social, scientific, and literary intercourse; therefore,

“*Resolved*, That we proceed to organize a Northern District Medical Association, for the improvement of our profession.”





# CONSTITUTION AND BY-LAWS.

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## ARTICLE I.

### NAME.

THIS Association shall be known as the *Northern Medical Association of Philadelphia.*

## ARTICLE II.

### OBJECT.

It shall be the object of this Association to cultivate the science of Medicine, and promote harmony among its members.

## ARTICLE III.

### ELIGIBILITY FOR MEMBERSHIP.

Any Physician of respectable standing in the profession, of good moral character and temperate in his habits, shall be considered eligible for membership: *Provided*, he does not give his support to any system of practice which has a tendency to weaken or destroy public confidence in the science of Medicine, or in the medical profession; or by advertisement announces his claim to superior qualifications in the treatment of any disease; or holds a patent, or part of a patent, for any article to be used in surgery or medicine; or gives a prescription to any

apothecary which he refuses to give to others; or by a collusive agreement receives pecuniary compensation or patronage for sending his prescriptions to said apothecary; or publicly recommends or deals in secret medicines, either professionally, or as articles of merchandise.

#### ARTICLE IV.

##### MANNER OF ELECTION.

A candidate for membership must be proposed in writing at a stated meeting, by two members of the Association, and be balloted for at the next, or some subsequent stated meeting, when one of the members proposing him shall be present, to give the requisite information as to his qualifications. Should he receive the votes of three-fourths of the members present, he shall be declared elected.

#### ARTICLE V.

##### TERMS OF MEMBERSHIP.

*Sect. 1.* Every member, on signing the Constitution and By-laws, shall pay an initiation fee of three dollars, and contribute annually, at the first meeting in January thereafter, the sum of one dollar for the support of the Association.

*Sect. 2.* Should any member elect, neglect to come forward within the period of three months, and sign the Constitution and By-Laws, and pay the initiation fee, after having been notified of his election by the Secretary, his election shall become void.

*Sect. 3.* Should any member neglect or refuse to



pay his annual contribution for three successive years, he shall forfeit his right of membership: *Provided*, that when a member (who is not in arrears) removes beyond the limits of Philadelphia County, he shall during his absence retain his membership, without the payment of dues or assessments.

## ARTICLE VI.

### OFFICERS.

The officers of this Association shall be a President, who shall be ineligible for two successive terms, Vice-President, five Counsellors, a Treasurer, Secretary, Corresponding Secretary, and two Reporting Secretaries, who shall be elected, annually by ballot, at the first stated meetings in January, except the Reporting Secretaries, who shall be elected by ballot, at the first stated meetings in January, March, May, September, and November.

## ARTICLE VII.

### DUTIES OF OFFICERS.

*Sect. 1.* *The President* shall preside at all meetings of the Association, preserve order, give the casting vote, appoint all committees, sign all orders drawn on the Treasurer, and call special meetings of the Association at the request of five members; in the absence of the President, the Vice-President shall preside; and when both the President and Vice-President are absent, a chairman shall be appointed for the evening.

*Sect. 2.* *The Counsellors* shall take care that the

laws and regulations of the Association are adhered to. They shall examine and determine all charges preferred of immoral or unprofessional conduct in any member, or for an alleged violation of article third of this Constitution; and if the charges or allegations are found to be true, they shall counsel and endeavor to reclaim the individual, and where their efforts prove unavailing, they shall report the facts to the Association; whereupon the Association shall proceed to take such order in the case as may be deemed expedient: *Provided*, that no member shall be expelled by less than the vote of two-thirds of the members present at a stated meeting.

*Sect. 3. The Treasurer* shall hold all moneys belonging to the Association, pay out of the same all orders drawn on him and signed by the President and Secretary, keep a regular account of his receipts and disbursements during the year, render an annual statement of his accounts at the first stated meeting in January, and at other times whenever the Association may direct.

*Sect. 4. The Secretary* shall keep a fair record of the proceedings of the meetings of the Association, in a book provided for the purpose. He shall also keep a list of the members of the Association, with their residence and the date of their election, death, resignation, or loss of membership. He shall also preserve the books and papers belonging to the Association, and deliver the same to his successor in office. He shall draw all orders on the Treasurer authorized by the Association, and sign the same

with the President. He shall see that the members are notified of all meetings of the Association, and have them furnished with the names of the candidates for membership to be balloted for; of the name of the lecturer for the evening and his subject; and furnish to newly elected members notices of their election.

*Sect. 5. The Corresponding Secretary* shall conduct the correspondence of the Society.

*Sect. 6. The Reporting Secretaries* shall keep, in a book provided for the purpose, the professional transactions of the Association—an abstract of all written or verbal communications relating to the science of medicine, surgery, or obstetrics—or discussions upon subjects of general interest which may take place at the meetings of the Association; but any member who may present a written communication shall have the privilege of furnishing an abstract of the same, and each member shall have the privilege of reporting the verbal communications or remarks made by him, at the meetings of the Association.

## ARTICLE VIII.

### MEETINGS.

*Sect. 1.* The stated meetings of the Association shall be held on the second and fourth Friday evenings of March, April, May, June, September, and October, commencing at half-past seven o'clock; and in November, December, January, and February, commencing at seven o'clock and holding no later

than ten o'clock, unless by a vote of the Association.

*Sect. 2.* Five members shall constitute a quorum for the transaction of business; but no election for members shall be gone into at any stated meeting, nor shall any member be expelled, unless there are at least seven members present.

*Sect. 3.* At the meetings on the fourth Friday evenings in February, April, June, October, and December, an abstract of the professional proceedings of the Association shall be read by one of the Reporting Secretaries, at which time any member shall have the privilege of correcting the report of his remarks; after which, the meeting shall decide what disposition shall be made of the report. But no member shall have the privilege of publishing his articles, as read before the Association, without the vote of a majority of the members present.

## ARTICLE IX.

### RESIGNATIONS.

Any member desirous of leaving the Association may do so by presenting his resignation in writing, which will be accepted, provided he is in good standing at the time, and all arrearages due to the Association have been paid.

## ARTICLE X.

### CERTIFICATE OF MEMBERSHIP.

Any member in good standing, on application shall be furnished with a certificate of membership

at his own expense, designating the date of his election, and his general standing and attainments in the profession, which shall be authenticated by the signatures of the President and Secretary.

## ARTICLE XI.

### RULES FOR REVISION OF CONSTITUTION OR BY-LAWS.

No alteration or amendment shall be made in this Constitution or the By-Laws, unless proposed in writing at a stated meeting; nor shall the proposed alteration be acted upon, until the next stated meeting, when it shall require a vote of two-thirds of the members present to adopt the same.

## ARTICLE XII.

### ORDER OF BUSINESS.

1. Registering the names of the members present.
2. Reading of the minutes and correcting the same.
3. Members elect to be introduced by the President.
4. Propositions for membership and balloting for new members.
5. Reports of committees.
6. Unfinished business.
7. New business.
8. Written communications.
9. Verbal communications.
10. Announcement from the chair of written communications for the next meeting.
11. Adjournment.

## ARTICLE XIII.

## RULES OF ORDER.

1. All business transactions of this Association shall close at the expiration of one hour after the presiding officer shall have called the meeting to order.

2. No question shall be subject to debate, without a motion duly made and seconded, and stated by the chair; all resolutions shall be reduced to writing, if requested by a member; the name of the mover of each resolution to be entered on the minutes.

3. Any member may call for the division of a question, if it contains two distinct propositions. A motion to strike out and insert shall be deemed indivisible; but a motion to strike out, shall not preclude either amendment or a motion to strike out and insert.

4. The mover, with the consent of the seconder, may withdraw any motion previous to its amendment, commitment, or to the question upon its final passage being put by the presiding officer.

5. When a member speaks, he shall stand up, addressing himself to the presiding officer, and confine his remarks strictly to the question under consideration.

6. No member shall be interrupted while speaking, except by a call to order, or for the purpose of explanation.

7. All questions of order shall be decided by the presiding officer, subject to an appeal to the Associa-



tion; in which case the member appealing, and then the presiding officer, shall give their reasons, but no further debate shall be allowed.

8. No member shall speak more than twice upon the same question, without permission from the Association.

9. When a question is under consideration, no motion shall be received excepting to adjourn, to lay the subject upon the table, to postpone, to refer to a committee, or to amend; which several motions shall have precedence in the order in which they are named.

10. A motion for adjournment shall always be in order except when the Association is voting on another question, or while a member is speaking.

11. A motion to amend an amendment is in order, but not one to amend an amendment to the amendment. The question on the amendment shall be decided before that on the main question.

12. No motion shall be received to postpone the motion under discussion, for the purpose of introducing a substitute.

13. Motions for postponement, to lay upon the table, and for adjournment, shall always be determined without debate.

14. A motion that has been negatived, cannot be again brought forward at the same meeting, excepting upon a motion to reconsider.

15. No question shall be reconsidered, excepting on the motion of two members who voted with the majority when the question was decided, nor unless

submitted at the meeting at which the same was discussed.

16. When a blank is to be filled, the question shall be first taken on the largest sum, greatest number, and longest time.

17. Two members may demand the yeas and nays on any question which is not required to be decided by ballot, and have them entered on the minutes. The presiding officer, in such cases, shall always vote last.

18. No order shall be taken upon the report of any committee, excepting to refer it back to the committee, to lay it upon the table, or to obtain the sense of the Association in relation to the resolutions appended thereto.

19. The presiding officer shall not discuss any subject while in the chair, but may assign his reasons on deciding a question of order. He shall have no vote, excepting on a ballot, or upon a call of the yeas and nays.

## CODE OF MEDICAL ETHICS.

## CHAPTER I.

OF THE DUTIES OF PHYSICIANS TO THEIR PATIENTS, AND OF  
THE OBLIGATIONS OF PATIENTS TO THEIR PHYSICIANS.

ART. I.—*Duties of physicians to their patients.*

§ 1. A physician should not only be ever ready to obey the calls of the sick, but his mind ought also to be imbued with the greatness of his mission, and the responsibility he habitually incurs in its discharge. Those obligations are the more deep and enduring, because there is no tribunal other than his own conscience to adjudge penalties for carelessness or neglect. Physicians should, therefore, minister to the sick with due impressions of the importance of their office; reflecting that the ease, the health, and the lives of those committed to their charge, depend on their skill, attention, and fidelity. They should study, also, in their deportment, so to unite *tenderness* with *firmness*, and *condescension* with *authority*, as to inspire the minds of their patients with gratitude, respect, and confidence.

§ 2. Every case committed to the charge of a physician should be treated with attention, steady-

ness, and humanity. Reasonable indulgence should be granted to the mental imbecility and caprices of the sick. Secrecy and delicacy, when required by peculiar circumstances, should be strictly observed; and the familiar and confidential intercourse to which physicians are admitted in their professional visits, should be used with discretion, and with the most scrupulous regard to fidelity and honor. The obligation of secrecy extends beyond the period of professional services;—none of the privacies of personal and domestic life, no infirmity of disposition or flaw of character observed during professional attendance, should ever be divulged by him except when he is imperatively required to do so. The force and necessity of this obligation are indeed so great, that professional men have, under certain circumstances, been protected in their observance of secrecy by courts of justice.

§ 3. Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives.

§ 4. A physician should not be forward to make gloomy prognostications, because they savor of empiricism, by magnifying the importance of his services in the treatment or cure of the disease. But he

should not fail, on proper occasions, to give to the friends of the patient timely notice of danger when it really occurs; and even to the patient himself if absolutely necessary. This office, however, is so peculiarly alarming when executed by him, that it ought to be declined whenever it can be assigned to any other person of sufficient judgment and delicacy. For, the physician should be the minister of hope and comfort to the sick; that by such cordials to the drooping spirit, he may smooth the bed of death, revive expiring life, and counteract the depressing influence of those maladies which often disturb the tranquillity of the most resigned in their last moments. The life of a sick person can be shortened not only by the acts, but also by the words or the manner of a physician. It is, therefore, a sacred duty to guard himself carefully in this respect, and to avoid all things which have a tendency to discourage the patient and to depress his spirits.

§ 5. A physician ought not to abandon a patient because the case is deemed incurable; for his attendance may continue to be highly useful to the patient, and comforting to the relatives around him, even in the last period of a fatal malady, by alleviating pain and other symptoms, and by soothing mental anguish. To decline attendance, under such circumstances, would be sacrificing to fanciful delicacy and mistaken liberality, that moral duty, which is independent of, and far superior to all pecuniary consideration.

§ 6. Consultations should be promoted in difficult

or protracted cases, as they give rise to confidence, energy, and more enlarged views in practice.

§ 7. The opportunity which a physician not unfrequently enjoys of promoting and strengthening the good resolutions of his patients, suffering under the consequences of vicious conduct, ought never to be neglected. His counsels, or even remonstrances, will give satisfaction, not offence, if they be proffered with politeness, and evince a genuine love of virtue, accompanied by a sincere interest in the welfare of the person to whom they are addressed.

## ART. II.— *Obligations of patients to their physicians.*

§ 1. The members of the medical profession, upon whom is enjoined the performance of so many important and arduous duties towards the community, and who are required to make so many sacrifices of comfort, ease, and health, for the welfare of those who avail themselves of their services, certainly have a right to expect and require that their patients should entertain a just sense of the duties which they owe to their medical attendants.

§ 2. The first duty of a patient is, to select as his medical adviser one who has received a regular professional education. In no trade or occupation, do mankind rely on the skill of an untaught artist; and in medicine, confessedly the most difficult and intricate of the sciences, the world ought not to suppose that knowledge is intuitive.

§ 3. Patients should prefer a physician, whose habits of life are regular, and who is not devoted to



company, pleasure, or to any pursuit incompatible with his professional obligations. A patient should, also, confide the care of himself and family, as much as possible, to one physician; for a medical man who has become acquainted with the peculiarities of constitution, habits, and predispositions, of those he attends, is more likely to be successful in his treatment, than one who does not possess that knowledge.

A patient who has thus selected his physician should always apply for advice in what may appear to him trivial cases, for the most fatal results often supervene on the slightest accidents. It is of still more importance that he should apply for assistance in the forming stage of violent diseases; it is to a neglect of this precept that medicine owes much of the uncertainty and imperfection with which it has been reproached.

§ 4. Patients should faithfully and unreservedly communicate to their physician the supposed cause of their disease. This is the more important, as many diseases of a mental origin simulate those depending on external causes, and yet are only to be cured by ministering to the mind diseased. A patient should never be afraid of thus making his physician his friend and adviser; he should always bear in mind that a medical man is under the strongest obligations of secrecy. Even the female sex should never allow feelings of shame or delicacy to prevent their disclosing the seat, symptoms, and causes of complaints peculiar to them. However commendable a modest reserve may be in the com-

mon occurrences of life, its strict observance in medicine is often attended with the most serious consequences, and a patient may sink under a painful and loathsome disease, which might have been readily prevented had timely intimation been given to the physician.

§ 5. A patient should never weary his physician with a tedious detail of events or matters not appertaining to his disease. Even as relates to his actual symptoms, he will convey much more real information by giving clear answers to interrogatories, than by the most minute account of his own framing. Neither should he obtrude the details of his business nor the history of his family concerns.

§ 6. The obedience of a patient to the prescriptions of his physician should be prompt and implicit. He should never permit his own crude opinions as to their fitness to influence his attention to them. A failure in one particular may render an otherwise judicious treatment dangerous, and even fatal. This remark is equally applicable to diet, drink, and exercise. As patients become convalescent, they are very apt to suppose that the rules prescribed for them may be disregarded, and the consequence, but too often, is a relapse. Patients should never allow themselves to be persuaded to take any medicine whatever that may be recommended to them by the self-constituted doctors and doctresses who are so frequently met with, and who pretend to possess infallible remedies for the cure of every disease. However simple some of their prescriptions may ap-

pear to be, it often happens that they are productive of much mischief, and in all cases they are injurious, by contravening the plan of treatment adopted by the physician.

§ 7. A patient should, if possible, avoid even the *friendly visits of a physician* who is not attending him—and when he does receive them, he should never converse on the subject of his disease, as an observation may be made, without any intention of interference, which may destroy his confidence in the course he is pursuing, and induce him to neglect the directions prescribed to him. A patient should never send for a consulting physician without the express consent of his own medical attendant. It is of great importance that physicians should act in concert; for, although their modes of treatment may be attended with equal success when employed singly, yet conjointly they are very likely to be productive of disastrous results.

§ 8. When a patient wishes to dismiss his physician, justice and common courtesy require that he should declare his reasons for so doing.

§ 9. Patients should always, when practicable, send for their physicians in the morning, before his usual hour of going out; for by being early aware of the visits he has to pay during the day, the physician is able to apportion his time in such a manner as to prevent an interference of engagements. Patients should also avoid calling on their medical adviser unnecessarily during the hours devoted to meals or sleep. They should always be in readiness

to receive the visits of their physician, as the detention of a few minutes is often of serious inconvenience to him.

§ 10. A patient should, after his recovery, entertain a just and enduring sense of the value of the services rendered him by his physician; for these are of such a character, that no mere pecuniary acknowledgment can repay or cancel them.

## CHAPTER II.

### OF THE DUTIES OF PHYSICIANS TO EACH OTHER, AND TO THE PROFESSION AT LARGE.

ART. I.—*Duties for the support of professional character.*

§ 1. Every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members; should avoid all contumelious and sarcastic remarks relative to the faculty as a body; all general charges against their selfishness or improbity; and the indulgence of an affected or jocular scepticism concerning the efficacy and utility of the healing art. And while, by unwearied diligence, he resorts to every honorable means of enriching

the science, he should entertain a due respect for his seniors who have, by their labors, brought it to the elevated condition in which he finds it.

§ 2. A physician should ever be mindful to cultivate an enduring attachment, an ardent zeal for the cause of religion. It should be his daily engagement to invoke the Throne of Grace, that the divine blessing may attend all his efforts in behalf of suffering humanity; and that, in the exercise of his godlike vocation, it would please Infinite Wisdom to condescend to aid, counsel, and direct him availably for the recovery of those intrusted to his care.

§ 3. There is no profession from the members of which greater purity of character and a higher standard of moral excellence are required than the medical; and to attain such eminence, it is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles.

It is also incumbent on the physician that he inure himself to habits of strict temperance; being thoroughly convinced of the debasing, enervating, and demoralizing tendencies induced by a course of habitual indulgence in alcoholic drinks. For the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies for which no professional man should be unprepared, a steady hand, an acute eye, and an

unclouded head may be essential to the well-being, and even to the life of a fellow-creature.

§ 4. Veracity, so requisite in all the relations of life, is a jewel of inestimable value in medical description and narrative, the lustre of which ought never to be sullied for a moment by even the breath of suspicion. Physicians are peculiarly enjoined by every consideration of honor and of conscientious regard for the health and lives of their fellow-beings, not to advance any statement, unsupported by positive facts, nor to hazard an opinion or hypothesis that is not the result of deliberate inquiry and the manifest convictions of truth.

§ 5. It is derogatory to the dignity of the profession, to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made—to invite laymen to be present at operations—to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.

§ 6. Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret *nos-trum*, whether it be the composition or exclusive property of himself or of others. For, if such nos-



trum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. II.—*Professional services of physicians to each other.*

§ 1. All practitioners of medicine, their wives, and their children while under the paternal care, are entitled to the gratuitous services of any one or more of the faculty residing near them, whose assistance may be desired. A physician afflicted with disease is usually an incompetent judge of his own case; and the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or any one who, by the ties of consanguinity, is rendered peculiarly dear to him, tend to obscure his judgment, and produce timidity and irresolution in his practice. Under such circumstances, medical men are peculiarly dependent upon each other, and kind offices and professional aid should always be cheerfully and gratuitously afforded. Visits ought not, however, to be obtruded officiously; as such unasked civility may give rise to embarrassment, or interfere with that choice on which confidence depends. But, if a distant member of the faculty,

whose circumstances are affluent, request attendance, and an honorarium be offered, it should not be declined; for no pecuniary obligation ought to be imposed, which the party receiving it would wish not to incur.

ART. III.—*Of the duties of physicians as respects vicarious offices.*

§ 1. The affairs of life, the pursuit of health, and the various accidents and contingencies to which a medical man is peculiarly exposed, sometimes require him temporarily to withdraw from his duties to his patients, and to request some of his professional brethren to officiate for him. Compliance with this request is an act of courtesy, which should always be performed with the utmost consideration for the interest and character of the family physician, and when exercised for a short period, all the pecuniary obligations for such service should be awarded to him. But, if a member of the profession neglect his business in quest of pleasure and amusement, he cannot be considered as entitled to the advantages of the frequent and long-continued exercise of this fraternal courtesy, without awarding to the physician who officiates the fees arising from the discharge of his professional duties.

In obstetrical and important surgical cases, which give rise to unusual fatigue, anxiety, and responsibility, it is just that the fees accruing therefrom should be awarded to the physician who officiates.

ART. IV.—*Of the duties of physicians in regard to consultations.*

§ 1. A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by this Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.

§ 2. In consultations no rivalry or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.

§ 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick, after which the consulting physician

should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; observing that, in all cases, the attending physician shall be the first to enter, and the last to leave the room of the patient. The one first in attendance should then communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except in the presence of all the faculty attending, and by their common consent; and no *opinions* or *prognostications* should be delivered, which are not the result of previous deliberation and concurrence.

§ 4. In consultations, the physician in attendance should deliver his opinion first; and when there are several consulting, they should deliver their opinions in the order in which they have been called in. No decision, however, should restrain the attending physician from making such variations in the mode of treatment as any subsequent unexpected change in the character of the case may demand. But such variation, and the reasons for it, ought to be carefully detailed at the next meeting in consultation. The same privilege belongs also to the consulting physician if he is sent for in an emergency, when the regular attendant is out of the way, and similar explanations must be made by him at the next consultation.

§ 5. The utmost punctuality should be observed in the visits of physicians when they are to hold consultation together, and this is generally practicable, for society has been considerate enough to allow the plea of a professional engagement to take precedence of all others, and to be an ample reason for the relinquishment of any present occupation. But, as professional engagements may sometimes interfere, and delay one of the parties, the physician who first arrives should wait for his associate a reasonable period, after which the consultation should be considered as postponed to a new appointment. If it be the attending physician who is present, he will, of course, see the patient and prescribe; but, if it be the consulting one, he should retire, except in case of emergency, or when he has been called from a considerable distance, in which latter case he may examine the patient, and give his opinion in *writing* and *under seal*, to be delivered to his associate.

§ 6. In consultations, theoretical discussions should be avoided, as occasioning perplexity and loss of time. For there may be much diversity of opinion concerning speculative points, with perfect agreement in those modes of practice which are founded, not on hypothesis, but on experience and observation.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate that any part of the treat-

ment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

§ 8. Should an irreconcilable diversity of opinion occur when several physicians are called upon to consult together, the opinion of the majority should be considered as decisive; but if the numbers be equal on each side, then the decision should rest with the attending physician. It may, moreover, sometimes happen, that two physicians cannot agree in their views of the nature of a case, and the treatment to be pursued. This is a circumstance much to be deplored, and should always be avoided, if possible, by mutual concessions, as far as they can be justified by a conscientious regard for the dictates of judgment. But, in the event of its occurrence, a third physician should, if practicable, be called to act as umpire; and, if circumstances prevent the adoption of this course, it must be left to the patient to select a physician in whom he is most willing to confide. But, as every physician relies upon the rectitude of his judgment, he should, when left in the minority, politely and consistently retire from any further deliberation in the consultation, or participation in the management of the case.

§ 9. As circumstances sometimes occur to render a *special consultation* desirable, when the continued attendance of two physicians might be objectionable to the patient, the member of the faculty whose assistance is required in such cases, should sedulously



guard against all future unsolicited attendance. As such consultations require an extraordinary portion both of time and attention, at least a double honorarium may be reasonably expected.

§ 10. A physician who is called upon to consult, should observe the most honorable and scrupulous regard for the character and standing of the practitioner in attendance; the practice of the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for truth, and no hint or insinuation should be thrown out which could impair the confidence reposed in him, or affect his reputation. The consulting physician should also carefully refrain from any of those extraordinary attentions or assiduities which are too often practiced by the dishonest for the base purpose of gaining applause, or ingratiating themselves into the favor of families and individuals.

ART. V.—*Duties of physicians in cases of interference.*

§ 1. Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice.

§ 2. A physician, in his intercourse with a patient under the care of another practitioner, should observe the strictest caution and reserve. No meddling inquiries should be made—no disingenuous hints given relative to the nature and treatment of his disorders; nor any course of conduct pursued

that may directly or indirectly tend to diminish the trust reposed in the physician employed.

§ 3. The same circumspection and reserve should be observed when, from motives of business or friendship, a physician is prompted to visit an individual who is under the direction of another practitioner. Indeed, such visits should be avoided, except under peculiar circumstances; and when they are made, no particular inquiries should be instituted relative to the nature of the disease, or the remedies employed, but the topics of conversation should be as foreign to the case as circumstances will admit.

§ 4. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and, as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.

§ 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival, and may be allowed to make such charge as will be in conformity with the regulations of the fee-bill.

§ 6. It often happens, in cases of sudden illness, or of recent accidents and injuries, owing to the alarm and anxiety of friends, that a number of physicians are simultaneously sent for. Under these circumstances courtesy should assign the patient to the first who arrives, who should select from those present any additional assistance that he may deem necessary. In all such cases, however, the practitioner who officiates, should request the family physician, if there be one, to be called, and unless his further attendance be requested, he should resign the case to the latter on his arrival.

§ 7. When a physician is called to the patient of another practitioner, in consequence of the sickness or absence of the latter, he ought, on the return or recovery of the regular attendant, and with the consent of the patient, surrender the case.

§ 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to interfere no

farther than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

§ 9. A wealthy physician should not give advice *gratis* to the affluent; because his doing so is an injury to his professional brethren. The office of a physician can never be supported as an exclusively beneficent one; and it is defrauding in some degree the common funds for its support, when fees are dispensed with which might justly be claimed.

§ 10. When a physician who has been engaged to attend a case of midwifery is absent, and another is sent for, if delivery is accomplished during the attendance of the latter, he is entitled to one-half of the fee (the fee to be such as is usually charged by the family physician), but should resign the patient to the practitioner first engaged.

#### ART. VI.—*Of differences between Physicians.*

§ 1. Diversity of opinion, and opposition of interest, may, in the medical, as in other professions, sometimes occasion controversy and even contention. Whenever such cases unfortunately occur, and cannot be immediately terminated, they should be referred to the arbitration of a sufficient number of physicians, or a *court-medical*.

As peculiar reserve must be maintained by physicians towards the public, in regard to professional matters, and as there exist numerous points in medi-

cal ethics and etiquette through which the feelings of medical men may be painfully assailed in their intercourse with each other, and which cannot be understood or appreciated by general society, neither the subject-matter of such differences nor the adjudication of the arbitrators should be made public, as publicity in a case of this nature may be personally injurious to the individuals concerned, and can hardly fail to bring discredit on the faculty.

### CHAPTER III.

OF THE DUTIES OF THE PROFESSION TO THE PUBLIC, AND  
OF THE OBLIGATIONS OF THE PUBLIC TO THE PROFESSION.

ART. I.—*Duties of the profession to the public.*

§ 1. As good citizens, it is the duty of physicians to be ever vigilant for the welfare of the community, and to bear their part in sustaining its institutions and burdens; they should also be ever ready to give counsel to the public in relation to matters especially appertaining to their profession, as on subjects of medical police, public hygiene, and legal medicine. It is their province to enlighten the public in regard to quarantine regulations—the location, arrangement, and dietaries of hospitals, asylums, schools, prisons, and similar institutions—in relation to the medical police of towns, as drainage, ventilation, &c., and in regard to measures for the prevention of epidemic and contagious diseases; and when pestilence

prevails it is their duty to face the danger, and to continue their labors for the alleviation of the suffering, even at the jeopardy of their own lives.

§ 2. Medical men should also be always ready, when called on by the legally constituted authorities, to enlighten coroners' inquests and courts of justice, on subjects strictly medical, such as involve questions relating to sanity, legitimacy, murder by poisons or other violent means, and in regard to the various other subjects embraced in the science of medical jurisprudence. But, in these cases, and especially where they are required to make a post-mortem examination, it is just, in consequence of the time, labor, and skill required, and the responsibility and risk they incur, that the public should award them a proper honorarium.

§ 3. There is no profession, by the members of which, eleemosynary services are more liberally dispensed than the medical, but justice requires that some limits should be placed to the performance of such good offices. Poverty, professional brotherhood, and certain public duties referred to in Section 1 of this chapter, should always be recognized as presenting valid claims for gratuitous services; but neither institutions endowed by the public or by rich individuals, societies for mutual benefit, for the insurance of lives or for analogous purposes, nor any profession or occupation, can be admitted to possess such privilege. Nor can it be justly expected of physicians to furnish certificates of inability to serve on juries, to perform militia duty, or to testify



to the state of health of persons wishing to insure their lives, obtain pensions, or the like, without a pecuniary acknowledgment. But to individuals in indigent circumstances, such professional services should always be cheerfully and freely accorded.

§ 4. It is the duty of physicians who are frequent witnesses of the enormities committed by quackery, and the injury to health and even destruction of life caused by the use of quack medicines, to enlighten the public on these subjects, to expose the injuries sustained by the unwary from the devices and pretensions of artful empirics and impostors. Physicians ought to use all the influence which they may possess, as professors in colleges of pharmacy, and by exercising their option in regard to the shops to which their prescription shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

§ 5. It is an incumbent duty on physicians to write all their prescriptions and directions in a fair and legible hand, with due care and attention, in order that the apothecary in compounding them may not be at a loss, nor incur the hazard of a mistake that might endanger the patient's life.

## ART. II.—*Obligations of the public to physicians.*

§ 1. The benefits accruing to the public, directly or indirectly, from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the

utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications; to make a proper discrimination between true science and the assumptions of ignorance and empiricism, to afford every encouragement and facility for the acquisition of medical education, and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

## CHAPTER IV.

### PECUNIARY ACKNOWLEDGMENTS.

Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit. We are guided by the fee bill of the "Philadelphia College of Physicians."

*Table of charges for professional services, revised and adopted by the Philadelphia College of Physicians in November, 1863.*

For a single visit or for advice at office, in a case in which  
 no further visit or advice is required . . . \$10 00  
 This is not intended to apply to those cases in which  
 the physician is considered the regular medical  
 attendant of the individual or of his family.

For the first visit, in a case in which the physician is in regular attendance . . . . .	\$5 00
For each subsequent visit . . . . .	2 00

Every necessary visit on the same day, whatever  
may be their number, to be charged at the same  
rate.

When at the first visit in a case minute physical ex- ploration is required in order to arrive at a correct diagnosis . . . . .	10 00
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When the physician is detained, for each hour . . .	5 00
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For a visit at a time appointed by the patient or his friends, during the daytime . . . . .	5 00
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For advice given at the physician's office . . . .	5 00
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For such advice when minute physical exploration is required . . . . .	15 00
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For subsequent advice at office to the same individual for the same malady . . . . .	2 00
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For a written opinion or advice to a patient . . .	20 00
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For a visit at night, after ordinary bedtime . . .	5 00
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For a visit after night in stormy or inclement weather	10 00
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For a first visit as consulting physician . . . .	8 00
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For each subsequent visit as consulting physician, in the same case . . . . .	3 00
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For each visit of the attending physician, in a consul- tation . . . . .	3 00
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For a visit as consulting physician during the night .	15 00
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In all visits to distant patients, two dollars to be added  
in addition to the ordinary fee for each mile over  
two between the residence of the patient and that  
of the physician, without regard to the mode of  
conveyance. An additional fee of \$2 to be charged  
for crossing the river Delaware.

An extra charge to be made for travelling at night,  
or on account of the badness of the roads, or the  
inclemency of the weather.

For an opinion involving a question of law . . . .	25 00
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For a post-mortem examination, in a case of legal in- vestigation . . . . .	30 00
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For a post-mortem examination made at the request of the family or relatives of a deceased person . . .	\$20 00
For a certificate of the state of health of a patient . . .	10 00
For a similar certificate in all other cases . . .	25 00
For vaccination or re-vaccination . . . . .	5 00
For an ordinary case of midwifery . . . . .	30 00
For a difficult case of midwifery . . . . .	50 00

For every hour the obstetrician is detained beyond twelve, an additional fee of \$1.

For the application of the forceps . . . . .	15 00
For the operation of turning . . . . .	20 00
For the operation of embryulcia . . . . .	25 00
For the Cæsarean operation . . . . .	250 00

For any indisposition in the mother or child, after the tenth day from confinement; or when any *very serious* ailment occurs in either mother or child *within* the ten days, a charge is to be made for each visit as in ordinary cases of disease.

For reducing fractures, and the first dressing . . .	25 00
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In the above and in all other surgical operations the subsequent visits are to be charged as in attendance on ordinary cases of disease, the amount of charge being proportioned always to the time occupied and the trouble incurred in the subsequent attendance in each case.

For reducing recent luxations . . . . .	15 00
For reducing old luxations . . . . .	60 00
For amputation of a leg or arm . . . . .	50 00
For amputation at the shoulder-joint . . . . .	200 00
For amputation at hip-joint . . . . .	250 00
For amputation of a finger or toe . . . . .	10 00
For resection of large bones and joints . . . . .	150 00
For resection of the smaller bones and joints . . . . .	50 00
For tenotomy . . . . .	30 00
For the operation for artificial joint . . . . .	150 00
For the extirpation of tumors in dangerous localities . . . . .	100 00
For the extirpation of other tumors . . . . .	30 00
For trephining . . . . .	150 00

For operation for cataract or artificial pupil . . .	\$150 00
For other operations on the eye and its appendages . .	30 00
For the removal of polypus from the nares . . .	30 00
For the operation for cleft palate . . . . .	60 00
For the operation for hare-lip . . . . .	25 00
For the operation of tracheotomy . . . . .	50 00
For excision of the tonsils . . . . .	15 00
For the operation for removal of a nævus or aneurism by anastomosis . . . . .	15 00
For the introduction of the stomach pump . . . .	20 00
For the ligation of the subclavian, carotid, iliac, or femoral arteries . . . . .	200 00
For the removal of foreign substances from the ears, nares, pharynx, or œsophagus . . . . .	25 00
For the reduction of hernia by taxis . . . . .	15 00
For the operation for strangulated hernia . . . .	100 00
For paracentesis thoracis . . . . .	30 00
For paracentesis abdominis . . . . .	20 00
For the operation for vesico-vaginal, or recto-vaginal fistula . . . . .	100 00
For examination per anum or vaginam without speculum	10 00
For examination with speculum . . . . .	15 00
For the introduction of a pessary . . . . .	5 00
For the removal of polypus from the uterus or rectum	30 00
For the operation for fistula in ano . . . . .	25 00
For the operation of fistula in perineo . . . . .	60 00
For the operation for hæmorrhoids . . . . .	25 00
For the operation for imperforate anus, vagina, &c. .	20 00
For the reduction of prolapsus ani . . . . .	20 00
For the removal of stone from bladder . . . . .	200 00
For the palliative operation for hydrocele . . . .	10 00
For the operation for the radical cure of hydrocele .	25 00
For the operation for phimosis and paraphimosis . .	20 00
For division of stricture of the urethra . . . . .	25 00
For the introduction of the catheter in ordinary cases .	2 00
For the introduction of the catheter, in cases of ob- struction . . . . .	15 00
For plastic operations . . . . .	150 00

For laying open an abscess or sinuses . . . .	\$5 00
For the administration of an anæsthetic . . . .	10 00
For the introduction of a seton, or forming an issue . .	10 00

It is recommended that in all cases of gonorrhœa and syphilis, a fee of from \$10 to 25 be required in advance, the subsequent charge being graduated by the amount of the after attendance in each case.

It is not to be understood that the omission of any operation or other surgical service from the foregoing fee bill is a denial of the right to charge for such operation or service a fee proportionate to its nature, extent, and importance.

Physicians should present their account at least semi-annually, or as much oftener as they may deem proper.

To enable practitioners to exhibit uniformity in the rate of charging, it is proposed that no entry shall ever be made in their account books of lower fees than those contained in the above table. If in any case, however, the physician should have reason to believe that his patient cannot pay the full amount without serious inconvenience, a deduction may be made at the end of the year, at the moment of rendering his bill, or at any other time. But the fee bill, as at present established by the College, being founded on a just consideration of the important services which its members are called on to perform, it is their duty to conform to it in their charges, whenever the circumstances of their patients are not such as clearly to forbid it.



## MEMBERS

OF THE

## NORTHERN MEDICAL ASSOCIATION OF PHILADELPHIA.

\* Deceased.

† Resigned.

|| Forfeited Membership.

ELECTED.

Washington L. Atlee . . . . .	Sept. 19, 1850.
William B. Atkinson . . . . .	June 11, 1858.
Henry J. Brown . . . . .	Feb. 4, 1847.
Joseph R. Bryan . . . . .	Jan. 7, 1847.
† Levi D. Bodder . . . . .	“ “
† Almon Z. Bardin . . . . .	Feb. 4, 1847.
* Chas. H. Bibighaus . . . . .	Jan. 4, 1847.
Augustus C. Bournonville . . . . .	Feb. 1, 1849.
† John F. Bird . . . . .	Jan. 17, 1850.
Thomas Bond . . . . .	Oct. 15, 1852.
Saml. W. Butler . . . . .	Sept. 24, 1858.
J. Francis Bourns . . . . .	Oct. 14, 1859.
* Frederick Crowley . . . . .	Jan. 7, 1847.
* Okey H. Costill . . . . .	March 4, 1847.
Thos. W. Craige . . . . .	Feb. 15, 1849.
Mark W. Collet . . . . .	Oct. 20, 1849.
Levi Curtis . . . . .	Jan. 17, 1850.
Jacob Solis Cohen . . . . .	March 11, 1864.
John Dawson . . . . .	Oct. 7, 1847.
Edw. Dayton . . . . .	Sept. 19, 1850.
Benj. H. Deacon . . . . .	Jan. 28, 1853.
Theodore A. Demme . . . . .	Feb. 12, 1858.

## ELECTED.

James M. Eagleton	.	.	.	.	Sept. 23, 1859.
* D. M. Fort	.	.	.	.	Jan. 28, 1853.
† Chas. Fronefield	.	.	.	.	March 16, 1858.
Emil Fischer	.	.	.	.	March 8, 1861.
Chas. M. Griffiths	.	.	.	.	Feb. 4, 1847.
Wm. Gardener	.	.	.	.	Oct. 3, 1850.
David Gilbert	.	.	.	.	Dec. 2, 1852.
Lewis P. Gebhard	.	.	.	.	Dec. 11, 1857.
† D. S. Gloninger	.	.	.	.	Dec. 5, 1850.
† Wm. S. Haines	.	.	.	.	Jan. 7, 1847.
Nathan L. Hatfield	.	.	.	.	" "
Alex. C. Hart	.	.	.	.	" "
Abram Helffenstein	.	.	.	.	" "
* J. H. Handy	.	.	.	.	" "
* Thos. Hobson	.	.	.	.	" "
D. Hershey	.	.	.	.	Sept. 16, 1847.
† Henry Hartshorne	.	.	.	.	Dec. 7, 1848.
J. S. Hill	.	.	.	.	Nov. 23, 1855.
Lewis D. Harlow	.	.	.	.	Sept. 10, 1858.
F. B. Hahn	.	.	.	.	Oct. 9, 1863.
† Ben. S. Janney	.	.	.	.	Jan. 7, 1847.
† Wilson Jewell	.	.	.	.	" "
C. P. Keichline	.	.	.	.	" "
John K. Knorr	.	.	.	.	" "
Geo. S. Kemble	.	.	.	.	March 13, 1857.
† Robt. S. Kenderdine	.	.	.	.	Feb. 12, 1858.
Mahlon M. Levis	.	.	.	.	Jan. 7, 1847.
† Henry F. Leib	.	.	.	.	Jan. 16, 1851.
John F. Lamb	.	.	.	.	March 4, 1847.
Rich'd J. Levis	.	.	.	.	Sept. 21, 1848.
† Ephraim F. Leake	.	.	.	.	Nov. 16, 1848.
* James W. Leiper	.	.	.	.	an. 7, 1847.
William Mayburry	.	.	.	.	" "
Thos. Moore	.	.	.	.	ec. 7, 1848.
* John Murray	.	.	.	.	April 15, 1851.
† Arnold Naudain	.	.	.	.	Jan. 7, 1847.
Andrew Nebinger	.	.	.	.	Feb. 26, 1864.

## ELECTED.

Owen Osler . . . . .	Nov. 21, 1850.
* Geo. W. Patterson . . . . .	Jan. 7, 1847.
* Henry S. Patterson . . . . .	April 15, 1847.
Burroughs Price . . . . .	April 24, 1857.
Thos. A. Reilly . . . . .	Jan. 7, 1847.
† Isaac Remington . . . . .	" "
John Rhein . . . . .	" "
† John Rommel, Jr. . . . .	Oct. 21, 1852.
D. D. Richardson . . . . .	May 24, 1861.
* Moses B. Smith . . . . .	Jan. 7, 1847.
Francis R. Shunk . . . . .	Sept. 19, 1850.
* J. D. Stewart . . . . .	Jan. 7, 1847.
Francis J. Steel . . . . .	Feb. 18, 1847.
J. Henry Smaltz . . . . .	Sept. 18, 1851.
E. B. Shapleigh . . . . .	Dec. 18, 1851.
R. Q. Shelmerdine . . . . .	Oct. 3, 1850.
A. M. Slocum . . . . .	Dec. 12, 1856.
Lewis S. Somers . . . . .	May 28, 1858.
Geo. S. Schively . . . . .	June 28, 1861.
Edwin Scholfield . . . . .	Jan. 8, 1864.
† R. H. Townsend . . . . .	Jan. 7, 1847.
Chas. P. Turner . . . . .	Dec. 18, 1851.
Wm. P. Tilden . . . . .	Oct. 16, 1851.
Thos. J. Turner . . . . .	Nov. 20, 1851.
Saml. N. Troth . . . . .	March 7, 1850.
Henry R. Tilton . . . . .	April 12, 1861.
* John Uhler . . . . .	Jan. 7, 1847.
S. Updegrove . . . . .	Dec. 11, 1857.
Chas. F. Wittig . . . . .	Jan. 7, 1847.
Ellwood Wilson . . . . .	Jan. 7, 1847.
† Joshua H. Worthington . . . . .	April 15, 1847.
J. J. Woodward . . . . .	Nov. 12, 1858.
Thos. H. Yardley . . . . .	Jan. 7, 1847.
† Geo. J. Ziegler . . . . .	Sept. 16, 1852.

